

MI-ACCESS COMMITTEE APPLICATION

Personal Information:

Name _____ Phone _____

School/District _____ Address _____

Role/Title _____ City _____

Email _____ State _____ Zip _____

I am most familiar with: <input type="checkbox"/> Special Education <input type="checkbox"/> General Education <input type="checkbox"/> Both	Applicants Ethnicity (needed for NCLB documentation) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Multiracial
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Indicate your first and second choice of committee that you would like to be considered for participation		Indicate the content areas you are most familiar with	
1 st Choice	2 nd Choice	1 st Choice	2 nd Choice
<input type="checkbox"/> Content Advisory	<input type="checkbox"/> Content Advisory	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Sensitivity Review	<input type="checkbox"/> Sensitivity Review	<input type="checkbox"/> English Language Arts	<input type="checkbox"/> English Language Arts
<input type="checkbox"/> Standard Setting	<input type="checkbox"/> Standard Setting	<input type="checkbox"/> Science	<input type="checkbox"/> Science
<input type="checkbox"/> Rangefinding	<input type="checkbox"/> Rangefinding	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Item Writing	<input type="checkbox"/> Item Writing		
Please indicate which level of MI-Access you are most familiar with		Please indicate which grade levels you are most familiar with	
1 st Choice	2 nd Choice	1 st Choice	2 nd Choice
<input type="checkbox"/> Participation	<input type="checkbox"/> Participation	<input type="checkbox"/> Elementary	<input type="checkbox"/> Elementary
<input type="checkbox"/> Supported Independence	<input type="checkbox"/> Supported Independence	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School
<input type="checkbox"/> Functional Independence	<input type="checkbox"/> Functional Independence	<input type="checkbox"/> High School	<input type="checkbox"/> High School
<input type="checkbox"/> Modified Full Independence	<input type="checkbox"/> Modified Full Independence		
Qualifications: Please submit a separate sheet indicating your qualifications for consideration as a participant on a MI-Access committee.			

Please Mail or Fax completed form along with the qualification page to:

Callie Kepler
 MDE/OEAA
 PO Box 30008
 Lansing, MI 48909
 Fax: 517-335-1186



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Please type in a brief summary of your qualifications in the box below, this is **REQUIRED** in order to be **CONSIDERED** for participation on a MI-Access Committee: (If you need more space please print and add additional pages before faxing)